| Human Resources Service Center
Please check one:
❑ East   ❑ Northeast   ❑ Northwest
❑ Capital   ❑ Southwest   ❑ Southeast
❑ Pacific   ❑ Europe | **CONTINUATION OF FEDERAL EMPLOYEES HEALTH BENEFITS (FEHB) COVERAGE FOR CHILD INCAPABLE OF SELF SUPPORT** |

CONSENT FOR RELEASE OF INFORMATION

A federal employee with self and family FEHB enrollment may include a child incapable of self-support because of physical or mental incapacity, which existed before age 22. The following information is requested so that the HRSC East can make a self-support determination for the child listed below. I authorize the release of the information requested below regarding my child.

Employee's Signature	Employee's SSN	Date

PATIENT INFORMATION

Child's Name	Child's DOB	Child's SSN

ATTENDING PHYSICIAN'S REPORT

Nature of disability:

How long has disability been in existence:

Date impairment began:

HRSC Form 12890/13 (New 8/98)

Probable future course and duration of disability:

Is the child confined to an institution because of impairment due to a medical condition?

❑ Yes   ❑ No

Does the child require total supervisory, physical assistance, or custodial care?

❑ Yes   ❑ No

Will treatment, rehabilitation, educational training or occupational accommodation allow the child to be self-supporting?

❑ Yes   ❑ No

In your opinion, is the child incapable of self-support because of a physical or mental disability that existed before the child became 22 years of age and the condition can be expected to continue for more than one year?

❑ Yes   ❑ No

Physician's Name	Physician's Address	Telephone Number

Physician's Signature	Date

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